PATENT APPLICATION FEE DETERMINATION RECO Effective Movember 10, 1998										0	9 3	29	140	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL	_ :	ENTITY	OR		R THAN ENTITY
FOR			NUMBER FILED			NUMBER EXTRA			RATE		FEE	1	RATE	FEE
В	ASIC FEE				·						380.00	OR		760.00
TOTAL CLAIMS			50 minus 20=			• 90		X\$ 9=			OR	X\$18=	530	
INDEPENDENT CLAIMS			5 minus 3 =			. 2		X39=			OR	X78=	156	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=			OR	+260=	
* If the difference in column 1 is less than zero, enter *0" in column 2								I	TOTAL			OR	TOTAL	1456
(Column 1) (Column 2) (Column 3)									OTHER THAN					
<b>AMENDMENT A</b>		REM	AIMS AINING TER IDMENT		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	-3	)	Minus	•••	30	-/		X\$ 9=			OR	X\$18=	
	Independent	<u> </u>		Minus	DENI	<u> </u>	<u>[</u>	I	X39=	T		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=	1		OR	+260=	
									TOTA			OR	TOTAL	
1	22805		ımn 1)			Cotumn 2)	(Column 3)	^	DOIT. FE			, ,	ADDIT. FEE	
AMENDMENT B	<u>.</u>	REM	aims Aining Ter Dment		PF	HIGHEST NUMBER NEVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• /	19'	Minus	**	50	• 0		X\$ 9=			OR	X\$18=	•
	Independent FIRST PRESE		N OF MI	Minus	PEND	()	• D		X39-	T		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+260=	
												OR,	TOTAL DOIT, FEE	
<del>_</del> ,	(Column 1) (Column 2) (Column 3)													
		REMA	UNING TER DMENT		PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	ſ	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	•			Γ	X\$ 9=	T		OR	X\$18=	
	Independent	•	Minus		444		8	1	X39=	f		1	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=	╁		OR		:
- #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									L		OR	+260=	
-4	the "Highest Nun the "Highest Num he "Highest Num	nber Pres riber Pres	dousty Pai Housiv Pa	ld For IN THIS ld For IN THIS	SPA S SPA	CE is less than CE is less than	20, enter "20."		TOTAL DIT. FEE	Ŀ			TOTAL DOTT. FEE	
			, · w	· · · · · · · · · · · · · · · · · · ·		~~~~~ (1)	indiana unimber		an une <b>e</b> t	APL O	faurrie DOX	EU COST	M) 1.	

Application or Docket Number